

Producer Diversification Only
2009 TAEP COST SHARE - APPLICATION B

FY09-10	Office Use Only – Date: Postmark or Hand-delivered		STARS:	YES	NO																																
PLEASE PRINT CLEARLY																																					
1. APPLICANT INFORMATION (Only One Application B per Application Period)																																					
Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	<input type="checkbox"/> SR <input type="checkbox"/> JR <input type="checkbox"/> Other	Social Security # <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Or (only enter one) Federal Tax Identification # <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																
Farm Name:																																					
Producer Mailing Address (#1)			Producer Residential Address (#2)																																		
Street:			Street:																																		
City:			City:																																		
State: TENNESSEE Zip:			State: TENNESSEE Zip:																																		
Home Phone:		Cell Phone:		E-mail Address:																																	
2. PREMISES INFORMATION Applicants with livestock on their operation must register their premises. Applicant name must match name (primary or secondary) listed on premises account to be eligible. If you do not have livestock on your operation, write N/A in premises boxes and fill in farm address.																																					
Premises Acct #:		Premises ID #:		Farm Address (#3) – physical location of farm project (must match premises ID# listed)																																	
Do you own or lease the physical location of farm project?				Street:																																	
<input type="checkbox"/> I own <input type="checkbox"/> I lease				City:																																	
County where farm project is located:				State: TENNESSEE Zip:																																	
3. Industry Sector Check sectors that apply only to your cost share request.																																					
<input type="checkbox"/> Agritourism <input type="checkbox"/> Aquaculture <input type="checkbox"/> Honey Bees <input type="checkbox"/> Fruits & Vegetables <input type="checkbox"/> Horticulture <input type="checkbox"/> Organics <input type="checkbox"/> Value-added Products <input type="checkbox"/> Viticulture																																					
4. Priority Areas Special requirements for 50% cost share.																																					
Agritourism	Must have attended (1) conference AND (1) workshop, sponsored by TDA/UT, prior to reimbursement deadline. Check those attended or planning to attend. <div style="display: flex; justify-content: space-around;"> <div> Agritourism Conference <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 </div> <div> Agritourism Workshops <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 </div> </div>																																				
Honey Bees	Completion of UT Master Bee course prior to reimbursement deadline. Submit copy of course certificate with application or reimbursement. Check one: <input type="checkbox"/> Year Completed () <input type="checkbox"/> Plan to attend <input type="checkbox"/> Not participating																																				
Organics	Must be USDA certified or working towards certification to qualify. Must be certified at time of reimbursement. List name and phone number of certifying organization below: 1. Name: _____ 2. Phone Number: () _____ 3. Attach copy of certification or letter from certifying organization verifying that you are working towards certification.																																				
Viticulture	Applies only to the purchase of the specific varieties of grapes listed below and trellis materials needed for planting these specific varieties. <input type="checkbox"/> Cabernet Sauvignon <input type="checkbox"/> Chardonnay <input type="checkbox"/> Chardonnay <input type="checkbox"/> Concord <input type="checkbox"/> Seyval <input type="checkbox"/> Sunbelt <input type="checkbox"/> Traminette																																				
CONTINUED																																					

Pages 21, 22, 23 and application proposal required for complete application

5. Application Proposal Maximum of 5 pages in length. See page 19 for program guidelines.

1) Briefly describe your agricultural operation.

- Industry sector/type of business
- Years in business
- Number of employees - full, part-time, seasonal
- Acreage in production
- Sales volume – based on sales for the last 3 years (2006, 2007, 2008)
- Types of products produced – currently and previously
- Indicate any expansions or downsizing – past, present, future

2) If you have applied for TAEP cost share previously, list each cost share received in the format provided below.

Fiscal Year	Program	Project Description	\$ Allocated/\$ Paid
FY07-08	Producer Diversification	Greenhouse	\$ 5,600 / \$ 5,485

3) Describe your proposed cost share project(s).

- List each proposed project (e.g., greenhouse, retail shelter, sprayer, Web site)
- List projected increase in annual sales/income generated for the next three years as a result of your project(s)
- Explain how each project will improve or expand your operation
- Indicate whether you had help in planning this project from a county extension agent, industry expert, specialized group or association. List key individuals and their titles.

4) Outline the steps and time line for completing your project(s) by program deadline of 05/01/10.

5) Summarize your marketing plan for your diversified agricultural products.

- List how and where your products are or will be sold
- Specify marketing activities that are currently utilized in your operation (e.g., auctions/organized sales, brochures, e-commerce, print media, radio, signs, television, Web site, etc.)

6) Provide a detailed, line-item budget for each proposed project using the format presented below.

- Research all costs associated with project(s). List each item and its cost on a separate line. Provide either the source of the cost quote with a phone number or attach a written cost estimate from the vendor, with complete contact information for the vendor.
- Written cost estimates are required if projects are: large scale (e.g., greenhouse, retail shelter, restrooms), include many components (e.g., irrigation system), or involve labor.
- LABOR:** In order to be eligible for cost share reimbursement, labor must be quoted and performed by a contractor. Labor is NOT eligible for reimbursement if performed by the applicant or their employees.
- PRIORITY COST SHARE (50%)** - applicant must meet special requirements for priority cost (50%).
- The total amount of cost share requested cannot exceed the maximum of \$10,000 (35%) or \$15,000 (50%). Minimum request amount is \$250.

SAMPLE BUDGET FORMAT				
Item Description	Source of Cost Quote	Cost	Cost Share %	Cost Share Request
Greenhouse 16 x 95	See attached written cost estimate - JR Construction	\$7,800.00	35%	\$2,730.00
Sign – vinyl banner	FedExKinko's 615-771-7999	\$225.00	50%	\$112.50
Total Amount of Cost Share Requested:				\$2,842.50

- I certify that all the information on this application is complete, true, and factual to the best of my knowledge and belief.
- I understand that providing any false, fraudulent, or misleading information may result in penalties and/or make this farm/tract ineligible to participate in present and/or future Tennessee Department of Agriculture programs.
- I also understand that failure to utilize allocated funds can affect eligibility for future programs.
- I have reviewed and understand all of the guidelines listed in this application booklet.

SIGN HERE

X

Producer Signature

Print Name

Date

NO FAXES ACCEPTED

Include the following:

- Application B
- Written proposal
- Substitute W-9 Form B

Mail materials to:

TN Dept. of Agriculture
Attn: TAEP FY09-10
P.O. Box 40627
Nashville, TN 37204

Applications must be hand-delivered or postmarked June 1 through July 1, 2009.

REQUIRED FOR APPLICATION B APPROVAL

Producer Diversification

SUBSTITUTE W-9 FORM

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name _____ Phone Number _____

Business Name (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

Reimbursement check will be mailed to this address.

2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Custodian account of a minor
- 4)
 - a. Revocable savings trust (grantor is also trustee)
 - b. So-called trust account that is not a legal or valid trust under state law
- 5) Sole proprietorship (using a social security number for the taxpayer ID)
- 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
- 7) A valid trust, estate, or pension trust
- 8) Corporation
- 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
- 10) Partnership
- 11) A broker or registered nominee
- 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
- 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

3. Fill in your taxpayer identification number below: (please complete only one)

- 1) If you circled number 1-5 above, fill in your Social Security Number.**

_____ - _____ - _____

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).**

_____ - _____

4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number.
If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable) _____